

2017

Nursing Annual Report: 2017

CentraCare Health

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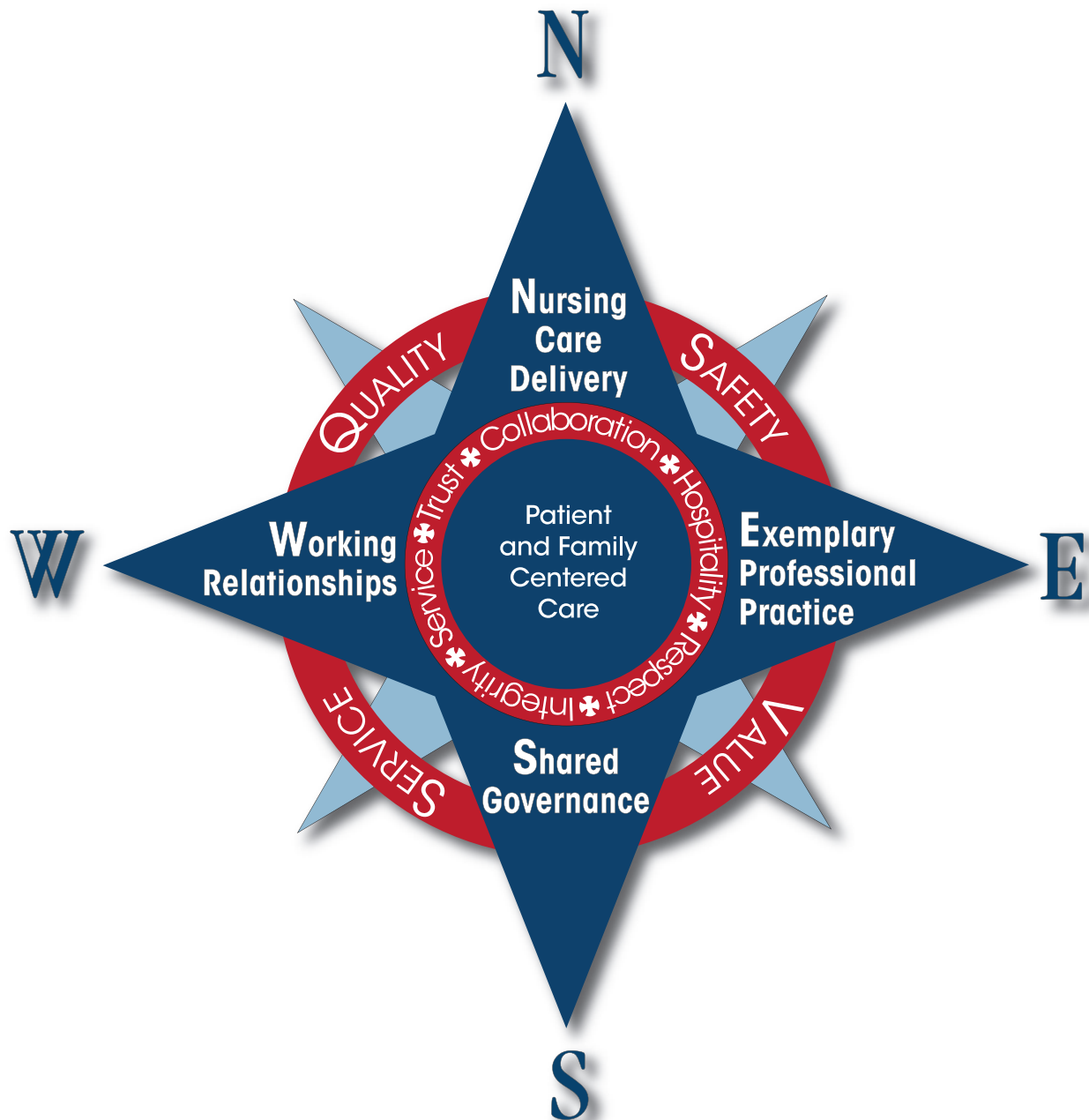
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2017 Nursing Annual Report

The Compass

St. Cloud Hospital's Nursing Professional Practice Model



Achieving Nursing Excellence

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ST. CLOUD HOSPITAL STATISTICS

Our Service Area:

St. Cloud Hospital has a rich tradition of caring for the people of Central Minnesota. Founded by the Sisters of the Order of Saint Benedict in 1886, St. Cloud Hospital has grown from a small community hospital to a comprehensive high-quality, regional referral center serving a 12-county area.

As the largest health care facility in the region, St. Cloud Hospital offers a full spectrum of inpatient and outpatient services.

St. Cloud Hospital services and specialty programs include:

Behavioral Health	Intensive Care
Bone & Joint Center	Medical and Oncology
Breast Center	Neonatal Intensive Care
Center for Surgical Care	Observation Medicine
CentraCare Digestive Center	Outpatient Services
CentraCare Family Health Center	Palliative Care
CentraCare Heart & Vascular Center	Pediatrics
CentraCare Home Care & Hospice	Progressive Care
CentraCare Kidney Program	Recovery Plus and Addiction Medicine
CentraCare Neuroscience and Spine	Rehabilitation Center
CentraCare Wound Center	Respiratory Care
Coborn Cancer Center	Sleep Center
Emergency Services	Spiritual Care/Parish Nurse Ministries
Hospitalist Program	Surgery
Imaging Services	Transitions of Care
Integrative Therapies	Women's & Children's Services

Hospital Profile: (July 1, 2016 to June 30, 2017)

Licensed beds: 489
Net patient revenue: \$786,755,524
Consumers served: 695,000
Inpatient admissions: 27,627
Number of patient days: 118,367
Average length of stay: 4.28
Number of outpatient visits: 281,873
Number of Emergency Trauma Center visits: 60,979
Number of home care visits: 47,773
Number of surgeries: 15,055

Expertise:

RNs with doctoral degrees:	0.9%
Nursing management with graduate degrees:	63.6%
RNs with baccalaureate or higher degree in nursing:	70.8%
Number of advance practice RNs:	115
National certifications:	
Nursing management:	66.7%
Clinical RNs:	40.93%
Continuing education activities:	1,887
Contact hours offered:	10,236

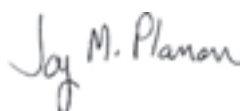
Our nursing team is made up of Registered Nurses, Licensed Practical Nurses and Patient Care Assistants.

	RNs	LPNs	PCAs
Number employed	1,770	319	715
Number of FTEs	1,357.7	231.4	447.96
Skill mix	66.6%	11.4%	22%
Average age (years)	39.94	38.86	31.67
Average length of service (years)	10.58	8.21	3.68
Turnover rate	8.64%	15.95%	30.4%
Vacancy rate	4.1%	9.6%	7.0%

As I look back and reflect on the accomplishments of 2017, we have a lot to be proud of. The list of accomplishments is long, and the impact to patient care and the profession of nursing is great. The Press Ganey RN engagement survey results are very positive and indicate we have many nurses who feel a profound sense of accomplishment, pride and meaning in their work. Together, we are much stronger than we are as individuals.

As nurses, we are reformulating who we are and what we stand for by revising the Compass, our professional practice model, to be consistent with the organizational concepts of the Triple Aim + People. As nurses, we have recommitted to the contributions we make by completing items on the 2017 Nursing Strategic Plan and creating a new 2018 Nursing Strategic Plan that flows directly from the CentraCare Health/St. Cloud area workplan. Finally, we are continuing to advance our individual and collective professionalism by embarking on efforts to achieve our 4th Magnet re-designation, advancing our education, completing certifications, participating in organizational efforts for cost containment (We Envision Value) and dedicating time to committees within the shared governance structure. It is through these efforts that anything is possible.

As we look ahead to 2018, we have an exciting road of opportunity ahead. There is a lot to accomplish as we continue to make the care provided to patients safer, as we strive to eliminate waste and non-value-added work, as we increase the use of technologies and focus on taking care of ourselves and one another. We have the power to continue the strong legacy and reputation nursing has at St. Cloud Hospital. The choices we make will determine our destiny. The choices you make will determine your destiny. Choose wisely, as the possibilities are great!



Joy Plamann, DNP, MBA, RN, BC
Vice President-Operations, Acute Care Division/CNO



JOY PLAMANN, DNP, MBA, RN, BC

Magnet Designation 4th Application



ROXANNE WILSON, PHD, RN

This year Joy Plamann, DNP, MBA, RN, BC, VP/CNO and Roxanne Wilson, PhD, Magnet Program director, led the work for St. Cloud Hospital's 4th Magnet designation. The process for applying is extensive. The Magnet Program director, Magnet Steering Committee, Magnet writers and Magnet champions worked as a team collaborating with interdisciplinary staff, leaders and nurses to tell St. Cloud Hospital's stories of patient care and team work excellence that included sources of evidence and measurable outcomes. The five main categories include: Organizational Overview, Structural Empowerment, Exemplary Professional Practice, Transformational Leadership and New Knowledge, Innovation and Improvement. While the process is hard work, the outcome of seeing the difference nurses and their partners in practice make for patients is rewarding. There will be more to come in the upcoming year, as the application process continues.

MESSAGE FROM THE HOSPITAL PRESIDENT



Dear Nurses, Faculty and Students,

Hospitals and health systems today increasingly seek opportunities for collaboration and partnership within the organization. At St. Cloud Hospital, I believe every nurse is a leader and makes a difference to the lives of our patients and colleagues. You play a key leadership role as a member of an interdisciplinary team in pursuit of the **Triple Aim + People**.

Quality & Experience

It is evident the care that you, as nurses, deliver at St. Cloud Hospital is safe, appropriate, effective, efficient and patient-centered. You have an enormous role in assuring that all the dimensions of the experience of care are addressed in a comprehensive and coordinated manner. It is evident that you are actively working to improve the quality and experience of every person who comes through our doors.

Community Health

As an organization, we strive to partner and lead in creating healthier communities. Population health improvement involves identifying high risk population segments or disease subgroups that exist and where interventions will have significant aggregate impact to improve health. As a nurse, you are strategically placed to better understand St. Cloud Hospital's nuances and can direct strategies at health promotion, disease prevention and progression, and restorative health. Because of your commitment to the health and well-being of everyone we serve, St. Cloud Hospital has maintained a remarkable reputation for providing excellent care.

Value

Due to ever increasing health care costs, St. Cloud Hospital relies heavily upon front-line workers to assist in containing costs to help make health care more affordable. Since nurses at St. Cloud Hospital make up 31% of our workforce, the largest sector of front-line workers, you have an opportunity to greatly impact cost containment. You bring a unique perspective to the health care cost conversation and should be included in discussions addressing treatment, resource utilization, including equipment use and readiness to make a transition of care. Thank you for being active participants in the fight against rising health care costs.

People

As nurses, you collaborate and partner with the health care team, patients and families to help build a culture of trust and respect. You have demonstrated excellent outcomes by taking care of a patient's basic needs and allowing patients to be heard, providing care and compassion, allowing the patient to be actively involved in their treatment plan and treating patients with respect. I'm impressed with the commitment shown toward providing exemplary practice to improve the quality, satisfaction and value of care while maintaining and promoting the health and well-being of patients, families and the community. To all nurses at St. Cloud Hospital – thank you for bringing the best of yourself to the mission of improving the health and quality of life for the people we serve.

Sincerely,

A handwritten signature in black ink that reads "Craig Broman". The signature is fluid and cursive, with the first name "Craig" and last name "Broman" clearly visible.

Craig Broman, MHA, FACHE
President, CentraCare Hospitals

KEY PRIORITY #1: PATIENT- AND FAMILY-CENTERED CARE:

- Empower the Patient- and Family-Centered Committee to develop recommendations for increased family involvement at all levels of care. – **Achieved**
- Achieve top box goal for St. Cloud Hospital FY 2017 is HCAHPS Overall Rating of 76.6% and Outpatient of 75.5%. – **Goal for St. Cloud Hospital met, achieved 77.4%. Goal for Outpatient met, achieved 77.07%**
- HCAHPS – Achieve scores in pain management of 70.0%. – **Goal met, achieved 70.6%**

KEY PRIORITY #2: NURSING CARE DELIVERY:

- Design and implement a care management platform across CentraCare Health. – **Achieved**
- Expand integrative nursing knowledge and practice adding two new modalities. – **Achieved, Aromatherapy and Acupuncture**
- Manage nursing care delivery labor costs related to incremental overtime, sitter use, schedule holes, cost per activity, overtime, time and attendance entries, time and attendance auditor functions, AWM category descriptions, and PCA recruitment and retention. – **Achieved**
- Integrate nursing services across CentraCare Health. – **Project put on hold**

KEY PRIORITY #3: EXEMPLARY PROFESSIONAL PRACTICE:

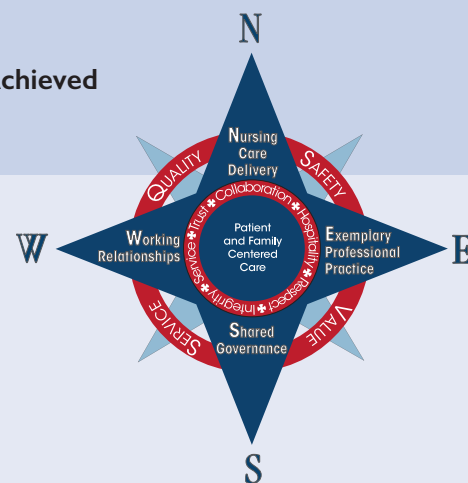
- Reduce housewide Catheter Associated Urinary Tract Infections (CAUTI) to < to 1.02/1000 catheter days. (FY 2016 rate = 1.02) – **Not achieved, rate FY 2017 1.38/1000 catheter days**
- Reduce housewide Central Line-Associated Blood Stream Infections (CLABSI) to < 0.51/1000 catheter days. (FY 2016 rate = 0.51) – **Achieved, rate FY 2017 0.48/1000 central line days**
- Reduce the number of hospital-acquired stage 3, 4 or unstageable Pressure Ulcers to zero. – **Not achieved, 3 events**
- Reduce the number of preventable falls to less than the MHA suggested benchmark of 1.92/1000 patient days overall; falls with injury = 0.66/1000 patient days. – **Overall falls not met, 2.7/1000 patient days. Falls with injury met, 0.48/1000 patient days**
- Initiate a new cohort of 16 Evidence-Based Practice projects in February 2016. – **Achieved**
- Achieve 41.05% of eligible nurses being certified by June 30, 2017. – **Not achieved, 40.93%**
- Achieve 69% of RNs being “bachelors plus” by June 30, 2017. – **Achieved, 70.8%**

KEY PRIORITY #4: SHARED GOVERNANCE:

- Implement strategies to promote a culture of safety. – **Achieved**
- Improve the quality of care plan content and care plan note documentation. – **Achieved**
- Revise shared governance model based on the evidence. – **Achieved**

KEY PRIORITY #5: WORKING RELATIONSHIPS:

- Increase staff cultural competence and communication. – **Achieved**
- Improve staff resiliency. – **In progress and will carry over to Fiscal Year 2018 Strategic Plan**

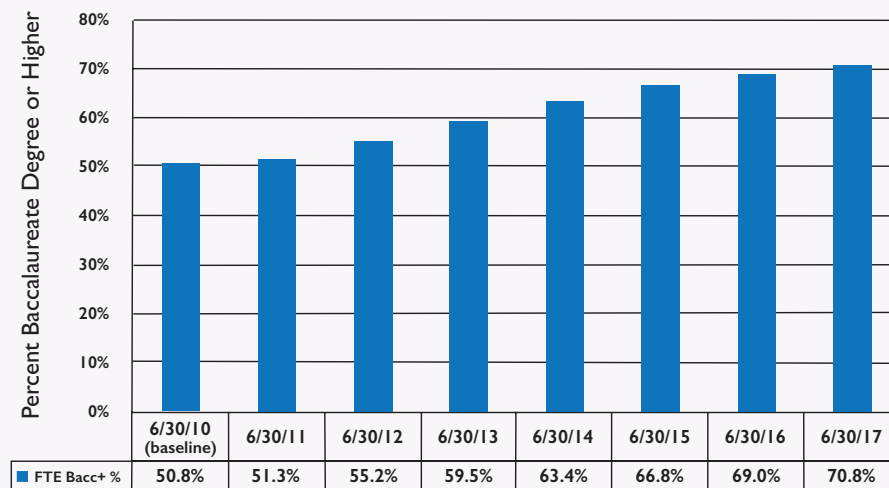


Education and Certification

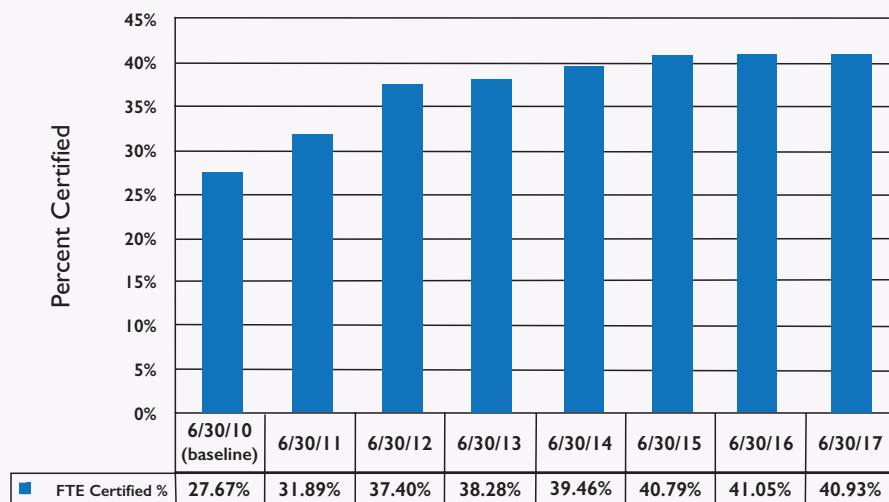
The nursing strategic plan includes a quest to continue to advance nursing professional practice and improve patient outcomes. One of the ways to accomplish this is through an increase in formal education and certifications achieved. Since 2010, St. Cloud Hospital has had a goal to increase the percentage of RNs with a baccalaureate nursing degree or higher. Year after year, we have experienced a consistent increase in the education percentage and at the end fiscal year 2017, the highest percentage has been achieved to date at 70.8%.

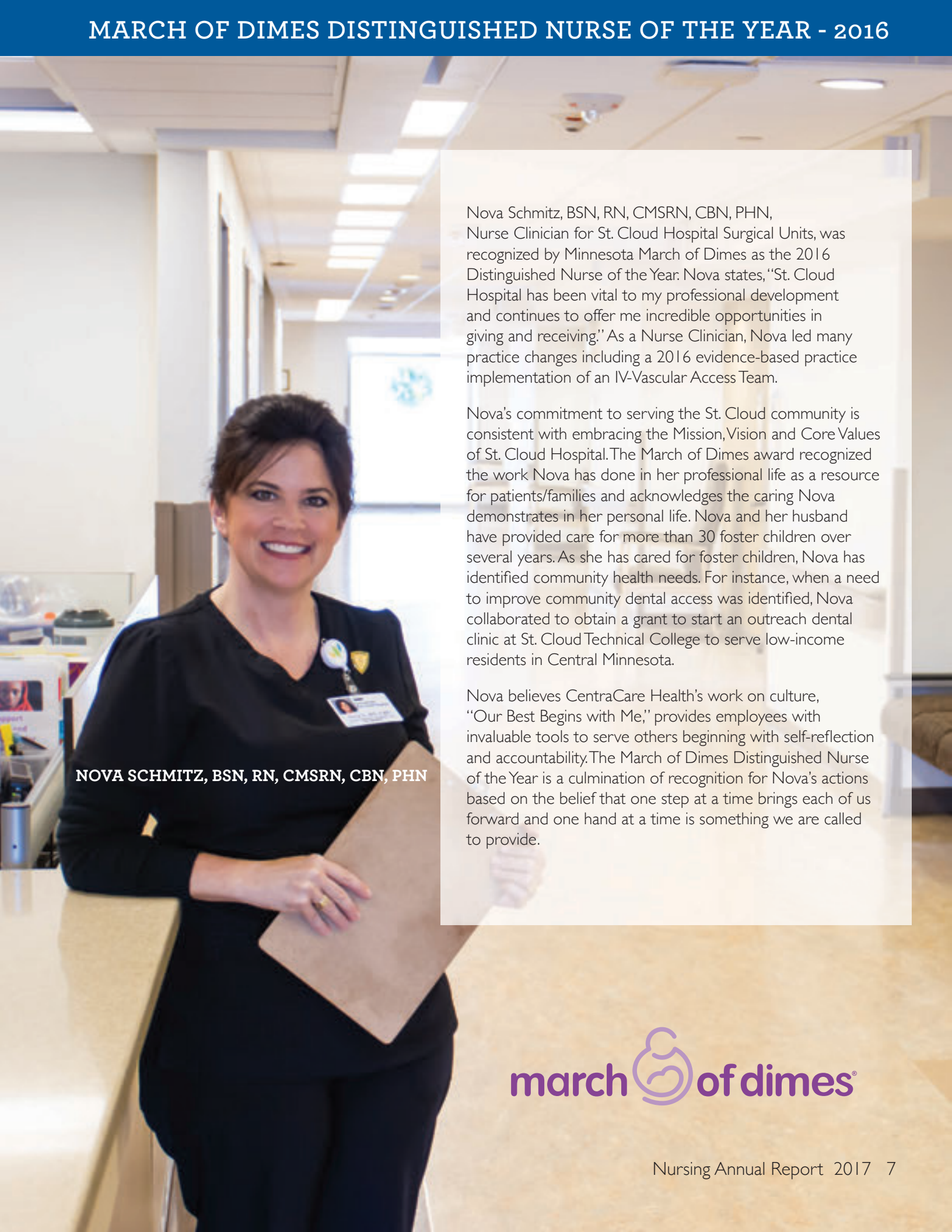
National nursing specialty certification demonstrates specialty expertise and validates knowledge to patients, families and colleagues. Sponsoring on-site certification review courses, reimbursement for review classes and reimbursement for the examination fee have been successful strategies to increase nursing certification from 27.6% to end fiscal year 2011 to our current percentage of 40.93% (fiscal year end 2017).

RNs Nursing Education Baccalaureate Plus (FTEs)



RNs Nationally Certified (FTEs)





NOVA SCHMITZ, BSN, RN, CMSRN, CBN, PHN

Nova Schmitz, BSN, RN, CMSRN, CBN, PHN, Nurse Clinician for St. Cloud Hospital Surgical Units, was recognized by Minnesota March of Dimes as the 2016 Distinguished Nurse of the Year. Nova states, "St. Cloud Hospital has been vital to my professional development and continues to offer me incredible opportunities in giving and receiving." As a Nurse Clinician, Nova led many practice changes including a 2016 evidence-based practice implementation of an IV-Vascular Access Team.

Nova's commitment to serving the St. Cloud community is consistent with embracing the Mission, Vision and Core Values of St. Cloud Hospital. The March of Dimes award recognized the work Nova has done in her professional life as a resource for patients/families and acknowledges the caring Nova demonstrates in her personal life. Nova and her husband have provided care for more than 30 foster children over several years. As she has cared for foster children, Nova has identified community health needs. For instance, when a need to improve community dental access was identified, Nova collaborated to obtain a grant to start an outreach dental clinic at St. Cloud Technical College to serve low-income residents in Central Minnesota.

Nova believes CentraCare Health's work on culture, "Our Best Begins with Me," provides employees with invaluable tools to serve others beginning with self-reflection and accountability. The March of Dimes Distinguished Nurse of the Year is a culmination of recognition for Nova's actions based on the belief that one step at a time brings each of us forward and one hand at a time is something we are called to provide.



PATIENT EXPERIENCE

The 2016-2018 St. Cloud Hospital Nursing Strategic plan goal of “empowering the Patient- and Family-Centered Care Committee to develop recommendations for increased family involvement at all levels of care” was met. Exciting work occurred as the Patient and Family Advisory Council (PFAC) collaborated to design a meal delivery option for family members and friends, worked with the St. Cloud Hospital wayfinding committee, provided input on consent forms and My Careboard design, gave feedback on *Our Service Promise* content and supported the Gorecki Guest House expansion.

St. Cloud Hospital achieved HCAHPS top box ratings of 77.4% for Inpatient and 77.07% for Outpatient. These scores exceeded our goals. Top Box measures are those respondents who ranked overall care at the very highest level. The focus on Top Box shows our continued emphasis on achieving the highest level of satisfaction with patient experience.



DEB EISENSTADT, MS, BSN, RN, CNML,
accepting Guardian of Excellence Award
at Press Ganey Conference.

For Magnet designation, St. Cloud Hospital nursing monitors nine categories of patient satisfaction highly linked to nursing care. These include:

1. Patient engagement/patient-centered care
2. Care coordination
3. Safety
4. Service recovery
5. Courtesy and respect
6. Responsiveness
7. Patient education
8. Pain
9. Careful listening

For the fourth St. Cloud Hospital Magnet application, 40 nursing units reported unit- or clinic-level patient satisfaction data in relation to the mean or median of the national database in the top four categories. To achieve Magnet goals, over half of the units must rank above the national mean/median over half of the time over two years; a challenging goal. Fifty-five percent of units outperformed the national mean or median.

St. Cloud Hospital employees celebrated when the St. Cloud Hospital Inpatient Rehabilitation unit was recognized by Press Ganey Associates with the Guardian of Excellence Award for performing at or above the 95th percentile for overall care rating from April 2016 through May 2017! Congratulations to all who contributed to this impressive accomplishment!



INPATIENT REHABILITATION TEAM



KIDNEY PROGRAM PATIENT PARTNERS

Patient Partners in the CentraCare Kidney Program

In 2013, the CentraCare Kidney Program (CKP) Quality Assessment & Performance Improvement (QAPI) co-chaired by Thomas Leither, MD and Twyla Wolters, MSW, LICSW, struggled with interpreting Patient Experience data due to low survey participation rates. At the same time, a new patient and spouse shared thoughts leading to a Patient Partner program. The role of the Patient Partners is to offer input into patient care and organization processes along with providing advocacy for patient/family needs. Patient Partners (patients and families) participate in QAPI meetings with a goal of enhancing communication and improving the quality of care.

The QAPI interdisciplinary committee and Patient Partners goal for 2016-2017 was to implement changes regarding pressure used to hold sites after needle removal. After visiting a dialysis facility in Florida, a Patient Partner returned to their "home" dialysis facility and shared that patients were asked to hold pressure over needle sites instead of using clamps post-treatment. The Partner knew this was an option at CKP, but felt it was not fully encouraged. A review of the literature completed by Sharon Hoffman, BSN, RN, CNN, Clinical Practice coordinator, found this was best practice. Hoffman confirmed the suggestion of the Patient Partners for hand-holding sites versus the use of clamps could improve outcomes with easier needle placement and reduced bleed times. As a result, CKP Dialysis staff re-introduced and encouraged all patients who are physically able, to hold their own sites. In 2016, the Patient Partner wrote an article for the *Dialysis Digest* patient newsletter, encouraging patients to consider applying hand pressure by themselves or with a clinical staff. Both current Patient Partners couples have been instrumental in helping CKP staff implement an effective process-changes and the CKP team is very thankful for their perspectives.

Resolve Through Sharing Program

The Resolve Through Sharing Program provides registered nurses and other professionals throughout St. Cloud Hospital and CentraCare Clinics with evidence-based knowledge and resources to assist in the care of families experiencing miscarriage, stillbirth or neonatal death.

Nursing committee members develop policies, order sets and perinatal documentation flow sheets based on evidence to support families. Nurses also perform clinical stillbirth exams and facilitate a monthly support group for grieving families. An original mission of the Benedictine Sisters was to bury miscarried babies with love, grace and dignity. In collaboration with the Spiritual Care department, nursing and providers, this mission continues through individual care, grief work and annual memorial services for families experiencing miscarriage, stillbirth or neonatal death.



MULTIDISCIPLINARY BREAST CARE CONFERENCE

Innovative Practice - Multidisciplinary Cancer Clinic

Breast Cancer: These two words change a person's life forever. A diagnosis of breast cancer presents many challenges for patients and their families including a sense of anxiety and fear of the unknown. In Fall of 2015, a recommendation from Nathan Reuter, MD, was brought forward from the St. Cloud Hospital Breast Care Committee to create a multidisciplinary cancer clinic for newly diagnosed breast cancer patients where all care providers would meet with the patient at one location, on the same day, to develop a unified treatment plan. Prior to this project, patients met with each specialty separately at different locations on separate days, which at times resulted in anxiety and confusion. Jane Vortherms, MHA, RN, OCN, director of Outpatient Medical Oncology, Coborn Cancer Center, co-led this project with Nathan Reuter, MD, and Hilary Ufearo, MBBS, medical director. The primary goal was to improve the patient care experience through a unified treatment planning approach. Secondly, a committee goal was to reduce the time needed for clarifying the treatment plan when it differed between specialists.

The project required involvement with many stakeholders including physicians, nurses, RN care coordinators, clinic leadership, schedulers, Epic Cadence team, billing and compliance teams. Through the nine-month planning process, all stakeholders were supportive of the project. On May 19, 2016, the Multidisciplinary Cancer Clinic for Breast Cancer (MCC-B) was implemented. In the new process, the Breast Cancer RN care coordinators continue to serve in a critical role. Breast Care Coordinators, Angela Haan, MSN, RN, OCN and Tara Hinnenkamp, BSN, RN, OCN, assist in explaining the MCC-B process to patients and families and work with clinic and physicians to ensure all of the staging work-up is completed in advance of the MCC-B appointment. In 2016-2017, 162 patients were seen in the MCC-B. This represents approximately 60% of new patients diagnosed with breast cancer during the same timeframe. Patient feedback has been positive. One patient reported, "I felt the focus on me that day which was wonderful." Another said, "I was so glad I could stay in one room and everyone came to me." Through positive interdisciplinary collaboration and patient-centered focus, a nursing and physician-led team successfully launched MCC-B.

INPATIENT AND AMBULATORY CARE MANAGEMENT TEAM



Care Management Model – Enhancing Transitions

A strategic initiative for CentraCare Health was focusing on designing a Population Health Roadmap: A Care Delivery Growth Model in Fiscal Years 2015-2017. This delivery model is supported by care management RNs and social workers helping patients access care and appropriate use of resources by coordinating with members of the health care team. A pilot for the new care delivery model was implemented in March 2016 at St. Cloud Hospital and implementation on all inpatient units was complete by September 2016. In June 2016, Joy Plamann, DNP, MBA, RN, BC, became the vice president, Acute Care Division/CNO. In her new role, Plamann reaffirmed this priority and agreed to provide administrative support. In February 2017, it became clear the delivery model needed to occur every day of the week. Plamann supported an initiative to increase hiring to provide care management RNs and social workers seven days a week by January 2018.

The inpatient care management department supports collaborative practice among the interprofessional care team. It values each discipline and role and has enhanced practice through clear delineation of professional practice responsibilities and shared

interdisciplinary collaborative practice responsibilities. The ambulatory care management department utilizes new Healthy Planet tools within the electronic medical record to gather, document and share vital information about high-risk areas for patients living with chronic medical conditions. The use of Healthy Planet helps to track population health overall and determine if patients with chronic diseases are proactively getting care, which is critical to improve population health management in Central Minnesota. A continued focus on designing care across the continuum, particularly in high risk populations, is part of an ongoing process to serve improved population health in our region.

The redesigned workflows promote consistency and standardization in practice and ensures a thorough assessment of psychosocial risk factors. The St. Cloud Hospital average length of stay decreased from 4.51 days in February 2016 to 4.28 days in November 2016 and 3.91 days in June 2017, an improvement that was due in part to the CNO's involvement in operational and strategic decision making at St. Cloud Hospital and across CentraCare Health.

Integrative Therapies on the Inpatient Rehabilitation Unit

The Integrative Therapies department completed a pilot program from Jan. 10, 2017 to July 10, 2017 on the Inpatient Rehabilitation Unit. The goal was to improve the patient experience of care and outcomes using integrative, non-pharmacological modalities. Upon admission to the Rehabilitation Unit, patients were offered integrative therapy services. If they chose to participate, a 45-minute integrative therapy appointment was scheduled into their day, in addition to their physical, occupational and speech therapy. Patients could be scheduled up to three times weekly. Kathi Sowada, MSN, RN, Integrative Therapies specialist, met with patients to discuss their special needs and determine a plan for integrative care. Patients could receive Healing Touch, acupuncture, acupressure, massage and/or aromatherapy. Patient outcomes were measured using a patient-directed scoring tool called the Measure Yourself Medical Outcome Profile (MYMOP2). Seventy-two unique patients received integrative therapies for a total of 225 appointments. Data showed significant improvement in both physical symptoms and overall feeling of wellbeing. Patients reported that they appreciated this option of integrative care and found it beneficial to their rehabilitation.



Nurse Leader Competency Orientation and Mentorship Curriculum

Deb Eisenstadt, MBA, BSN, RN, NE-BC, director Rehabilitation Services, Diane Pelant, BSN, RN, CCRN, director of Neonatal Intensive Care Unit, Tiffany Omann-Bidinger, BSN, RN, ONC, director of Neuroscience/Spine Unit and Jon Tufte, MS, Leadership Development, designed a formal, professional development process based on the American Organization of Nurse Executives (AONE) curriculum. The 18-month process is built on AONE Core Competencies of Communication and Relationship Building, Knowledge of Health Care Environment, Leadership, Professionalism and Business Skills. The orientation for new directors includes classroom learning, online education, meeting with supervisors and subject matter experts and support from a formal mentor.

New nurse directors and a mentor are selected based on similarities from the DisC and Strength Finders Assessments®. Directors complete the AONE Core Competencies Assessment Tool upon hire and at three months, six months, nine months and 12 months. Mentors and directors are encouraged to have monthly informal communication to support the learning process. Each new nursing director supervisor is aware of the ongoing plan and provides guidance.

Community Health Leadership Immersion

The Triple Aim + People focuses on improving the experience of care, impacting the health of populations and reducing per capita costs of health care. Nurses, regardless of where they practice, will play key roles in achieving the population health aim. In summer 2017, St. Cloud Hospital nursing directors, RN preceptors, faculty and summer nurse interns partnered with Renee Frauendienst, BSN, RN, PHN, CPI, Stearns County Public Health director and Robert Wood Johnson Fellow in an acute care/community health immersion component in the established nurse internship program. The 40-hour course was designed to partner with St. Cloud State University and College of Saint Benedict nursing interns on how a community-based curriculum, tied to acute care populations, could build community nursing leader and advocacy skills. Each nurse intern was assigned to a hospital clinical area with an assigned RN mentor. The student interns then engaged in a variety of



Curt DeVos, BSN, RN, CNRN, became the nursing director of Surgical Care Unit 1 & Surgical Care Unit 2 on Sept. 12, 2016 and was the first new nursing director to enter the formal mentoring program. DeVos asked Aleen Roehl, BSN, RN, director of Intensive Care Unit, to be his mentor. This comprehensive program will inspire, innovate and enhance strong professional nurse leaders as new mentors and directors begin their work together.



population-focused activities and strategies facilitated by Frauendienst related to their acute care patient needs. This academic-practice partnership prepared future nurses to foster a culture of health. Student interns reported feeling better prepared for population health management, regardless of the area of practice, and provided input into the development of curriculum in future nursing education settings.

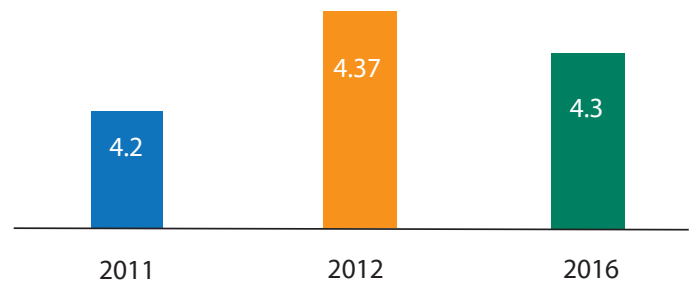
Professional Practice Model Survey and Outcomes

The Compass: St. Cloud Hospital's Nursing Professional Practice Model (PPM), officially debuted during Nurses Week in May 2011. The Compass represents how registered nurses (RNs) practice, collaborate, communicate and develop professionally; it defines what is important and drives current and future nursing practice. The PPM Committee is responsible for evaluating The Compass, ensuring ongoing relevance and integration.

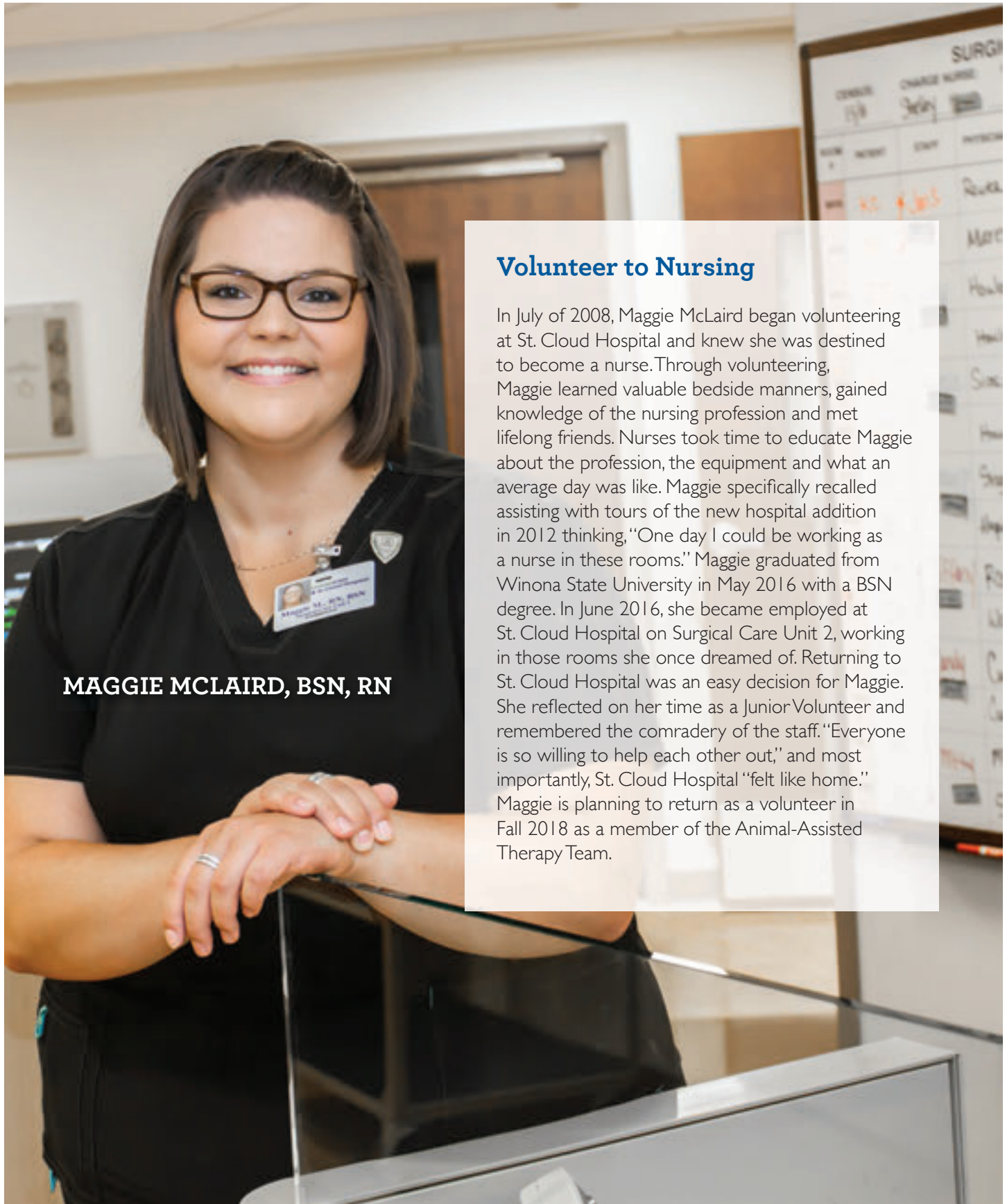
In early 2016, PPM integration was measured via administration of The Compass Assessment Tool (COMPAT) which was sent to St. Cloud Hospital RNs. Analysis of 2016 COMPAT data revealed statistically significant changes to some PPM components compared to 2012 COMPAT data. In addition to COMPAT administration, the PPM Committee reviewed each component of The Compass and made changes relevant to the survey results and current and future nursing practice. Key changes included incorporation of the Triple Aim + People, Our Best Begins With Me, IDEAL discharge model and population health initiatives.

COMPAT data analysis revealed coordination of care management PPM component integration remained high (defined as two standard deviations above the mean) from 2012 to 2016. The PPM Committee attributed this sustained integration to nursing's ongoing commitment to improving overall coordination of care, most recently through implementation of the IDEAL model of discharge planning and a new care management model. The PPM committee will continue to work on change areas over the next year.

MEAN SCORE:
Coordination of Care Management



THE COMPASS: NURSING PROFESSIONAL PRACTICE COMMITTEE



MAGGIE MCLAIRD, BSN, RN

Volunteer to Nursing

In July of 2008, Maggie McLaird began volunteering at St. Cloud Hospital and knew she was destined to become a nurse. Through volunteering, Maggie learned valuable bedside manners, gained knowledge of the nursing profession and met lifelong friends. Nurses took time to educate Maggie about the profession, the equipment and what an average day was like. Maggie specifically recalled assisting with tours of the new hospital addition in 2012 thinking, "One day I could be working as a nurse in these rooms." Maggie graduated from Winona State University in May 2016 with a BSN degree. In June 2016, she became employed at St. Cloud Hospital on Surgical Care Unit 2, working in those rooms she once dreamed of. Returning to St. Cloud Hospital was an easy decision for Maggie. She reflected on her time as a Junior Volunteer and remembered the comradery of the staff. "Everyone is so willing to help each other out," and most importantly, St. Cloud Hospital "felt like home." Maggie is planning to return as a volunteer in Fall 2018 as a member of the Animal-Assisted Therapy Team.

Addiction and Recovery in Nursing – An Informal Dialogue with Marie Manthey and Deb Matthias-Anderson



MARIE MANTHEY, PHD (hon), MNA, FAAN, FRCN

On June 7, 2017, Clare Jones, BSN, RN, from the St. Cloud Hospital-CentraCare Diversion Prevention Committee, facilitated a dialogue with Marie Manthey, PhD (hon), MNA, FAAN, FRCN, and Deborah Matthias-Anderson, PhD, RN, CNE,

from Minnesota's Nursing Peer Support Network (NPSN). As a founding member of Minnesota's NPSN, Manthey's goal is to provide peer support for nurses with substance use disorder, with the mission of giving hope and healing to individual nurses. Manthey shared her experiences with alcoholism, sobriety and the impact this disease has on a nursing career. Matthias-Anderson, the chair of the NPSN Education and Outreach Committee, provided information on her doctoral research on registered nurse work "re-entry" after treatment. Manthey and Matthias-Anderson created an open dialogue with nurses from the Central Minnesota area about prevention, support and reducing risk of substance use disorder. Manthey noted that nursing is routinely listed as the most trustworthy profession in annual Gallup surveys but also suggested that pedestal can come with a price: a deep sense of moral failure for the individual nurse.

NPSN has seven Peer Support groups across Minnesota. With the support of peers along the path to recovery, Manthey and Matthias-Anderson reported nurses can successfully navigate sobriety and professional practice. The taboo associated with addiction keeps many nurses from seeking help, placing their patients and careers in jeopardy. Manthey and Matthias-Anderson made an impassioned plea for an ongoing commitment to the well-being of patients and nurses, with a request to provide information to nurses on the need for a NPSN network in Central Minnesota. In follow up to this meeting, Roxanne Wilson, PhD, RN, provided information to Central Minnesota nurses who are taking a lead in this area. Manthey and Matthias-Anderson also provided curriculum materials on substance use disorders in nursing, which St. Cloud Hospital nursing leaders shared with local nursing faculty from the College of Saint Benedict/Saint John's University, College of St. Scholastica, Rassmussen College, St. Cloud State University and St. Cloud Technical College. For further information on NPSN, email info@npsnetwork-mn.org.

Workplace Violence Risk Assessment Tool

Workplace violence is four times more common in health care than in private industry. In 2016, an employee assault at St. Cloud Hospital triggered a Root Cause Analysis (RCA). The outcome of RCA was to ask the Workplace Violence Prevention (WVP) committee to conduct a risk assessment of each patient care area using the Occupational Safety and Health Association's (OSHA) Workplace Violence Prevention Checklist. After two pilot trials of the OSHA checklist, committee members, Sandy Thornton, BSN, RN, RN-BC, Mental Health Unit; Kate Van Buskirk, BSN, RN, director, Patient Care Support; Rachel Mockros, BS, coordinator, Emergency Preparedness; Paul Ruegamer, Security; and Stephanie Hilstrom, Legal Counsel, revised the tool to increase its relevance to a health care environment and developed a reporting tool. Risk assessments now include in-depth interviews with frontline staff and extensive tours of the work environment. Assessment results are shared with unit leadership who work with the WVP committee to develop an action plan. Outcomes are shared with leadership and executives. The WVP committee is planning system-wide implementation for the upcoming year based on the 2016-2017 work. The issue of workplace safety is a priority.



CLARE JONES, BSN, RN
SANDRA THORNTON, BSN, RN, RN-BC



**MICHELLE PETERSON, APRN, AGNP, DEREK PETERSON, JUDD PETERSON,
PAT HART, APRN, CNP, AND JULIE BUNKOWSKI, BSN, RN, RNC-NIC**

My 80-Day Journey As A New Parent

by Michelle Peterson, APRN, AGNP

On March 3, 2017, after a routine clinic visit, I was sent to OB Triage at St Cloud Hospital for elevated blood pressures. It was approaching evening and my husband, Derek, was on a school bus to Brainerd to coach his last basketball game of the year. After reporting to Triage, I was admitted and remember feeling almost annoyed. I thought "Everyone is over reacting." I was given a magnesium infusion and steroid injections and remember saying, "I hope the baby doesn't have to deliver for at least the next 48 hours. I am supposed to be on my way to Brainerd to join my family." An ultrasound revealed limited blood flow from the placenta to baby, a new frightening reality. I had gone through multiple fertility treatments and thanks to In vitro fertilization, I was finally 24 weeks and 2 days pregnant with a baby I had dreamed of for 11 years. "Please God, take care of this baby!"

This was my first experience as an inpatient. Derek, a registered nurse and myself, a nurse practitioner, are used to delivering care, not receiving it. Everything I had dreamed of related to a normal pregnancy was threatened. I wouldn't get to do maternity pictures, wouldn't have the big belly, wouldn't get to take my baby home two days after delivery. Daily ultrasounds were performed for 19 days, and finally on March 21, 2017, our baby was scheduled to be delivered. Six hours later Judd Roy "JR" Peterson came into the world weighing 1 pound 6 ounces and measuring 12 inches long. He was here, he was perfect, he had all his little fingers and toes; he was just tiny and required the expertise of NICU staff to keep him alive and help him grow.

Derek witnessed the entire birth. The delivery room staff made certain I saw my beautiful baby boy for the first time before he headed to the NICU. From this moment on, we relied on the providers and nursing staff to be the primary care givers to our child. It's easy to feel like you aren't the parent when you have one hour a day to hold your baby. Jennifer, Julie and all the nurses did an amazing job of always asking us to do any cares we could. It became routine to take his temperature, change his diaper and "kangaroo" him. We were reassured it is typical to have a rollercoaster ride. The nurses were knowledgeable about their profession and our baby.

Derek used his nursing knowledge and asked good questions every day. He put things together logically. I became a zombie. I lost all my health care knowledge and was dazed. We would sit through daily care conferences with the NICU team and I wouldn't know what questions to ask. All I wanted to say was, "Is my baby going to be OK? Tell me my baby will be OK."

The first time I met Pat Hart, APRN, CNP, the NICU medical director, she was calm, caring, gentle and concerned. The first thing she said to me, after examining Judd was "It may not seem like it, but you know your child better than we do. If you feel like something is wrong or you have any insights, please let us know." It was at that moment I felt like Judd's mom. I did know him. I knew when his stomach was bothering him because he was fussy. I will always remember how powerful her words were. Since I have returned to work, I have used that wisdom when talking with my patients and loved ones.

While you can teach skills, developing a caring relationship with your patients/families is a trait only the best nurses have. The NICU nurses and providers had a great deal of technical skill, from placing NG tubes, tiny IVs, central lines, tube feedings and medications. But what made the biggest difference was how the staff made us feel. The nurses took our phone calls any time of day, and we felt like we were the only concern in that moment. The nurses made special cards and decorations for JR's room. They sat with me when I cried, laughed with us, and when needed, gave us private time. The providers spent time on rounds, after hours in conference or by telephone when needed. I learned from each of them how to be a better APRN and what is important in life.

After 80 days, JR came home. I didn't get a normal pregnancy, the big belly, maternity pictures or to spend my maternity leave at home. But thanks to Dr. Ajayi, Dr. Vedder, Pat Hart, Jennifer, Julie and all the wonderful NICU staff, we received a miracle. We witnessed growth that is supposed to take place inside the womb. We received 80 extra days to be JR's parents! We saw the miracle of life and the miracle of caring. Derek and I want to extend a special thank you to everyone who cared for JR. We cannot begin to describe our heartfelt feelings of gratitude for what you do and your devotion to your profession and the families you care for.



INTERDISCIPLINARY PROSTATECTOMY TEAM

Nursing Research Study to Improve Prostatectomy Education

Education plays an important role in patient recovery after prostatectomy. Kayla Cummings, BSN, RN, CMSRN, worked with an interdisciplinary team to conduct a literature review on how to improve patient's postoperative confidence and reduce anxiety. Assessment of St Cloud Hospital practices revealed variances in education. In February 2016, a research study was approved by the Internal Review Board and Nursing Research Review Board to measure the impact of a structured, interactive, multimedia-based educational program. Baseline data has been collected by Brenda Haller, BSN, RN, CMSRN and Nova Schmitz, BSN, RN, CMSRN, CBN. Post measurement will occur over the next year.

Dialysis iPads

Patients on dialysis average four hours per dialysis treatment, three days a week. Eighteen months ago, Dave Walz, MBA, BSN, RN, CNN, FACHE, director, CentraCare Kidney Program, was grateful to receive St. Cloud Hospital Auxiliary Funding to purchase an iPad for each outpatient facility. Patients can now use the iPad to engage in their care through MyChart or for activities including the internet, social media, email, music or games. Having access to an iPad has been a patient satisfier as another option other than watching television or sleeping. Patients can correspond with health care providers through MyChart and feel socially connected to others while away from home or work, many hours a week.

CLABSI and CAUTI Teams

In the Fall of 2016, inpatient and outpatient clinical nurses joined forces to create Central Line-Associated Blood Stream Infections (CLABSI) and Catheter-Associated Urinary Tract Infections (CAUTI) Committees. CLABSI nurse champions use coaching methods and wrote emails, newsletter articles and posters to promote back to the basic principles such as scrub the hub, pulsatile flushing and recognition of a compromised dressing. The focus on the basics with CLABSI champions resulted in a reduction of CLABSI rates from 0.51 in FY16 to 0.48 in FY17. The CAUTI Committee completed a gap analysis of current CAUTI prevention practices and developed an action plan. The committee members are creating a CAUTI Bundle which outlines CAUTI prevention measures in a visual continuum.

Patient Care Assistant Recruitment and Retention

In February 2016, an evidenced-based practice project, Patient Care Assistant (PCA) Recruitment and Retention, was initiated to reduce turnover, which was as high as 35% for St. Cloud Hospital inpatient departments. Tiffany Omann-Bidinger, BSN, RN, director, led a taskforce comprised of nursing leaders, educators, human resources and current St. Cloud Hospital PCAs to review themes of best practices with the goal of reducing PCA turnover rates to less than 25%.

In December 2016, a PCA retention-focused survey based on the literature was distributed to 20 St. Cloud Hospital departments with a 51% participation rate. Questions focused on Orientation/Training, Skill Utilization, Personal Accomplishment, Supplies/Equipment, Working Relationships and Staffing Schedules. Subsequently, PCA-focused brainstorming sessions were conducted for additional feedback and suggestions for retention initiatives. As a result, multiple on-boarding initiatives were implemented based on the survey and feedback.

In March 2017, 30-60-90-Day Check-Ins for PCAs started with hiring managers. A questionnaire was developed for hiring managers to build a professional relationship

with newly hired PCAs, gather qualitative feedback and assess on-boarding effectiveness and integration into the department while ensuring concerns are addressed and resolved efficiently. Interdepartmental float guidelines were created. The floating expectations align with Our Best Begins with Me and Our Service Promise concepts. The guidelines create accountability for the PCA role and department staff to improve the floating experience and positively impact teamwork, patient care delivery and effective communication. On appropriate units, it is recommended PCAs be exempt from floating after 10 years of service. This allows senior PCAs to remain on their home unit and recognizes their commitment and loyalty.

The final strategy includes the development of the PCA Partner Program based on the mentorship/buddy program from the Voluntary Hospital of America Advisory Board. This program connects newly hired PCAs with a more senior PCA during orientation for peer-to-peer mentoring to foster development. This 12-month program will help new PCAs adapt more quickly to the health care environment and begin a career within St. Cloud Hospital by creating a welcoming environment and ongoing relationships.



PCA RETENTION EVIDENCE-BASED PRACTICE PROJECT FOCUS GROUP

Emergency Trauma Center Multidisciplinary Team Remodel

St. Cloud Hospital's Emergency Trauma Center (ETC) is Central Minnesota's most comprehensive emergency facility and is designated a Level II Trauma Center by the American College of Surgeons. As the volumes in the ETC grew, the need for additional, updated space was identified. A LEAN design team was formed in 2014 to redesign the workflow and improve ETC access. The team included nursing leadership, charge nurses, staff nurses, technicians, a patient care extender and health unit coordinator. The group met with an architect firm every other week to work through the detailed physical layout and workflow process. The team continued to meet during construction to operationalize the space. Several site visits were made to other emergency departments in the region to study their workflow.

Workflow has improved because of the intense involvement of staff in the planning process and throughout the ongoing construction. Several new features and processes were built into the new plan.

- Prior to construction, patients and staff were comingled in the work area because patients and families were

brought into and through the work area to be roomed. The new layout has a public hallway for patient and family movement that is separated from the staff work area. This results in increased confidentiality for patients.

- Triage and patient waiting were moved to the exterior of the building to allow for natural lighting from windows.
- A large work area was created in the center of the department which replaced two separate areas on either side of the department. This increased the visibility of coworkers. Several nurses' desks were also placed within the work area to allow nurses to be closer to their patients and the providers.
- A six-bed behavioral suite was established. This unit provides for a safer environment for both patients and staff.
- A rapid care and results waiting area was designed for lower acuity patients. This new space and workflow moves patients through the system faster by utilizing resources and appropriate staffing for the level of care needed.





Advanced Practice Provider Advisory Council

In June 2016, an Advanced Practice Provider (APP) Advisory Council gathered. The council's membership included advanced practice registered nurses, physician assistants, physician and administrative vice presidents, the chief nursing officer and a project manager. The APP Advisory Council's aim is to promote and cultivate APP professional roles within CentraCare through leadership, advocacy, education and policy change. The council identified opportunities to enhance recruitment, improve retention and establish formal leadership for APPs throughout the health system.

Recommendations from the APP Advisory Council resulted in the creation of three APP Clinical Lead positions. These positions serve in formal leadership roles within the acute, ambulatory and specialty divisions and have responsibility across CentraCare Health. They will work with the vice presidents of each division to provide input into division, section and health system strategic plans while ensuring alignment and integration of the delivery of care that advances the Triple Aim + People, utilizing shared leadership and accountability. Bobbie Bertram, APRN, FNP, APP, clinical lead, Specialty Division; Dave Buhl, MS, PA, APP, clinical lead, Acute Division and Amy Hilleren-Listerud, APRN, CNS, APP, clinical lead, Ambulatory Division, have begun serving in these new leadership roles.

Magnet Writers

For the October 2017 Magnet re-designation submission, Roxanne Wilson, PhD, RN, Magnet Program director and Joy Plamann, DNP, MBA, RN, BC, VP/CNO, wanted to include nurses and other professionals in the final document writing. The experience of writing to the Magnet standards created a unique opportunity for nurses and other professionals to learn writing skills, develop an in-depth understanding of the Magnet process, build new professional relationships and create a sense of pride in St. Cloud Hospital care.

Writing was a wonderful and grueling experience with deadlines, critiques, new relationships and new views of the care provided by nurses and teams. An evaluation of the process and survey showed the following professional growth:

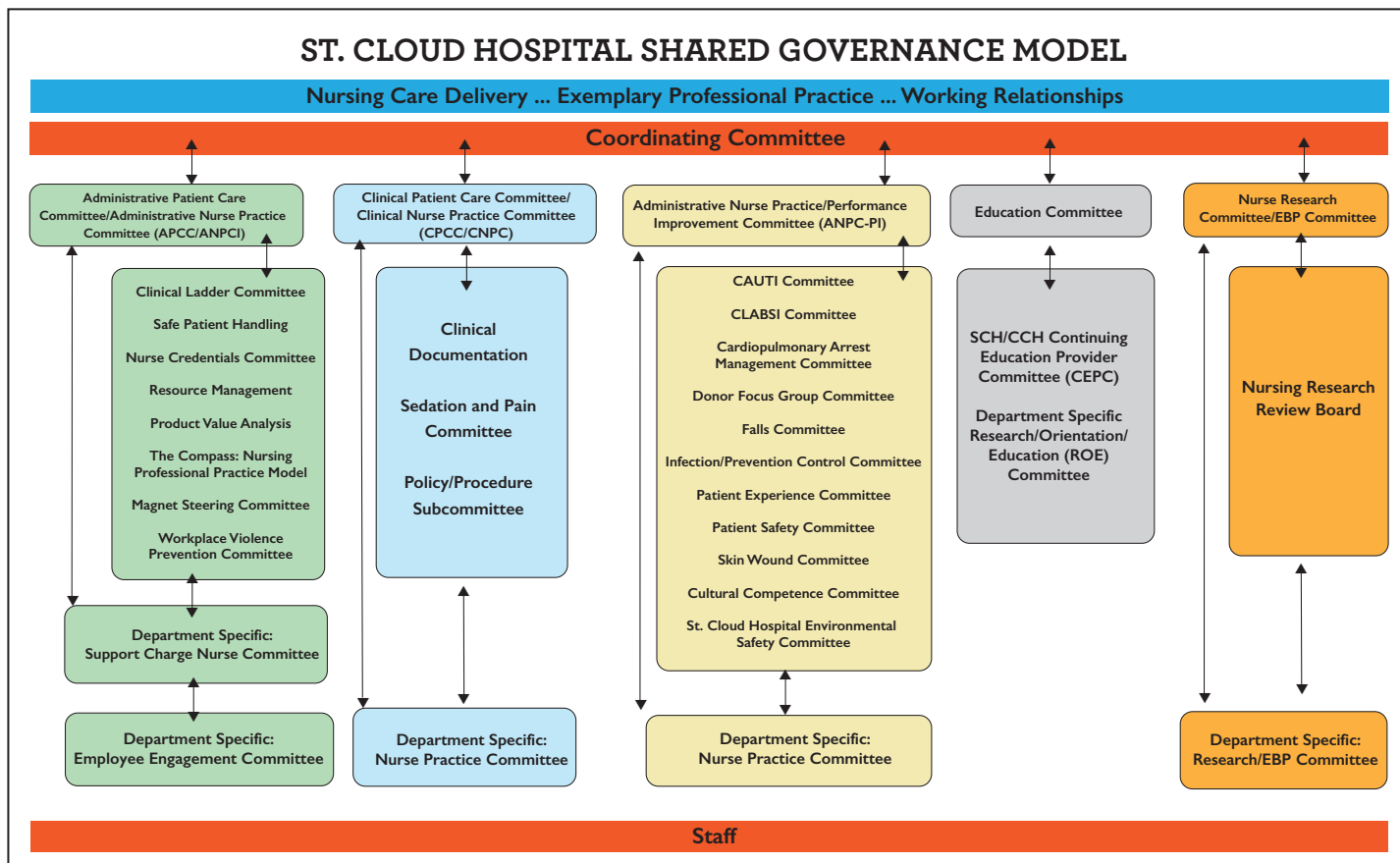


- Increased my knowledge of the quality work done at St. Cloud Hospital (88%)
- Strengthened knowledge of Magnet standards (76%)
- Improved professional writing (60%)
- Learned how to edit (48%)
- Developed skills in critiques (64%)

The writers completed remarkable work and are eagerly waiting the appraisers' feedback.

Nursing Shared Governance

Shared Governance is a framework in which nurses actively participate in decision making related to patient care and nursing practice. Shared governance is a core component of St. Cloud Hospital's Professional Practice Model: The Compass. The nursing shared governance policy and framework have been enhanced to better portray how information, decisions and communication flow between the various committees within the model. There are five principal areas of committees centered around: administrative and clinical practice, performance improvement, education and nursing research/evidence-based practice. Staff nurses and nurse leaders can participate directly on a committee or give input to a committee member at both hospital-wide or department-based committees. Information and projects are also supported by a coordinating committee to facilitate bi-directional communication and decision making to ensure all appropriate stakeholders have been involved.



SCRUBS Camp

CentraCare Health participated in the 2nd Annual SCRUBS Camp in June 2017. SCRUBS Camp is a three-day camp for middle school and high school students to explore health science careers. In partnership with St. Cloud State University and St. Cloud Technical and Community College, SCRUBS Camp students cycled through nine stations at CentraCare Health and St. Cloud Hospital learning about personal protective equipment, vascular access devices, stroke identification and care, surgical procedures, performance improvement, basic life support, concussions, the labor process and health careers.

One station at SCRUBS Camp was led by the staff of the Surgical Care Units 1 & 2 and Perianesthesia Care and was titled “Scalpels, Sutures, and Scares – Oh My!” Registered nurses and nurse leaders helped students safely make small incisions on a pig’s foot with a scalpel, suture or staple the incision and then remove the sutures or staples. This provided students with opportunity to see and experience the skill and technique health care providers use to care for incisions. The students got individual attention from clinical staff who explained the roles of the surgeon, physician assistant, operating room RN, Post-Anesthesia Care Unit staff and nurses on the Surgical Care Units. This hands-on, unique experience will be something students remember as they make decisions about their career goals.

Donations from the clinical staff and leadership of Surgical Care Units 1 & 2 and Perioperative Services made it possible for two high school students, Carli and Abby, to attend SCRUBS Camp this year. In a thank you card the student sent the Surgical Care Units, Carli described how SCRUBS Camp helped her focus as she prepares to enter college next year. The Perioperative Services scholarship student, Abby, noted SCRUBS Camp helped her better understand health care career opportunities and solidified her decision to pursue a career in social services.

SCRUBS Camp is a unique and fun way to engage community youth in health care careers at CentraCare Health and in the Greater St. Cloud area.

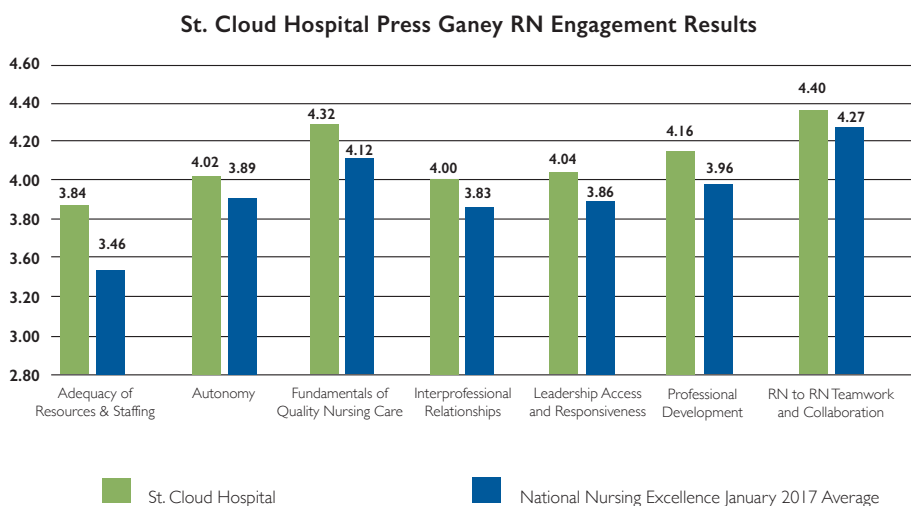


Registered Nurse Engagement

In December 2016, Registered Nurses had the opportunity to participate in the Press Ganey RN Engagement survey. One thousand two hundred fifteen (1,215) RNs took the survey, of which 974 perform direct patient care. This is the first time St. Cloud Hospital participated in the study. The results were outstanding! During this timeframe, Press Ganey had more than 15 hospitals and more than 160,000 RNs participating in the comparison database. There are 31 questions on the survey, which roll-up into seven categories and each question is rated on a 1-5 Likert scale, with a 5 being the best score. The categories include:

- Adequacy of Resources and Staffing
- Autonomy
- Fundamentals of Quality Nursing Care
- Interprofessional Relationships
- Leadership Access and Responsiveness
- Professional Development
- RN to RN Teamwork and Collaboration

In all seven categories, St. Cloud Hospital RNs outperformed the national benchmark. Information from this survey is also broken down by department and action plans are underway in departments to maintain the excellent results achieved and to improve the identified areas of opportunity.



MINDFULNESS SESSION

Mindfulness Program

The CentraCare Health St Cloud Hospital Mindfulness Program was developed to address staff resiliency by Kathleen Mahon, MA, APRN, NP-C, APHN-BC. There is substantial research suggesting that mindfulness training helps mitigate stress and provides a foundation for the cultivation of positive health behaviors, emotional/psychological resilience and self-healing. The course is a systematic training in meditation and mindful techniques that can easily be incorporated into everyday life. The eight-week program, designed with both an online and in-person component, has been offered quarterly in 2017 and supported through a CentraCare Health Foundation grant. Outcome data is being gathered to assess the immediate, intermediate and long-term effects of the training on perceived level of mindfulness. Initial findings, although preliminary, are positive and encouraging.



GI HEMORRHAGE INTERDISCIPLINARY TEAM

Quality Improvement Project – GI Hemorrhage

In 2015, an interdisciplinary team led by Libby Wenderski, BSN, RN, PCCN, coordinator Medical Progressive Care Unit and Arihant Dalal, MBBS, MBA, hospitalist, were tasked to reduce cost and length of stay for patients diagnosed with a gastrointestinal (GI) hemorrhage. The interdisciplinary team met monthly and compared current practice with evidence-based practice recommendations and identified opportunities. The GI hemorrhage order set was updated and directly impacted nursing practice by providing clinical nurses with a standardized pre-procedure process that includes keeping patients NPO, guidelines for fresh frozen plasma and packed red blood cell transfusions and administration of erythromycin. Before the implementation of these practice changes, 16% of patients had an endoscopy procedure within 16 hours of admission; after the changes, this increased to 24%. The average length of stay for DRG 378 decreased from 3.59 days in FY15 Q3 to 3.11 days in FY17 Q1, 3.30 days in FY17 Q2 and 3.33 days in FY17 Q3.

Safe Signal Program for Home Care/Hospice

Home Health has unique risks with care provided in clients' homes. St. Cloud Hospital Hospice and Home Care nurses, Molly Dunn, RN; James Loch, BSN, RN; Jill Loch, RN; Melissa Pederson, RN; and Tamera Unger, RN, CHPN, brought forward concerns about safety to Kristy Husen, PT, MA, director and the chief nursing officer. After searching, the Safe Signal product was selected. This application plugs into staff's phones starting a monitoring session tracking location and can initiate contact with local authorities. In March 2017, Joy Plamann, DNP, MBA, RN, VP/CNO, attended the nurses' meeting to evaluate Safe Signal and hear from nurses regarding its use. Nurses thanked leadership for support of this new device and spoke very positively about the sense of safety and security it provides.



MOLLY DUNN, RN

Nursing Consultation & Resources 2016-2017

Pam D. Bartley, BSN, RN, CEN, TCRN, CCRN, CFRN, CTRN, CPEN, Nurse Educator-Emergency, Quest for Nursing Knowledge, Certified Emergency Nurse (CEN®) Certification Preparation.

Mary Bauer, BA, Community Development Specialist, Central MN Council on Aging, presented: Best Practices for Optimal Care in Alzheimer's and Dementia.

Sheila Hoehn, RN, MAN, BC, LNC, Director of Critical Care and Clinical Development, Cuyuna Regional Medical Center, presented: The Legal Eagles of Hospital Charting 2017.

Kristina Hoerl, MSN, RN, CRN, Nurse Educator-Radiology, Association of Radiology and Imaging Nursing, presented: ARIN Imaging Certification Preparation.

E. Mary Johnson, BSN, RN, NE-BC, Certification Review Educator, American Academy of Ambulatory Care Nursing, presented: Ambulatory Care Nursing Certification Preparation.

Cathy Jones, BSN, RNC-OB, C-EFM, Professional Development Specialist, Quest for Nursing Knowledge, presented: Inpatient Obstetric Nursing Certification.

Mark Kremers, MS, CRNA, Nurse Anesthetist, Quality Nurse Anesthesia Professionals, presented: Management of Pediatric Patients: An Overview.

Marie Manthey, PhD (hon), MNA, FAAN, FRCN, MN Nursing Peer Support Network Founding Member, MN Nursing Support Network, presented: Addiction and Recovery in Nursing.

Deb Matthias Anderson, PhD, RN, CNE, Chair of MN Nursing Peer Support Network, presented: Addiction and Recovery in Nursing.

Joan Meadows, MN, RN, Senior Director, Advisory Board, Washington, D.C., presented: Transforming Healthcare Through Nursing – Implication for Practice & Leadership.

Kendra Menzies Kent, MS, RN-BC, CCRN, CNRN, SCRn, Director of the Marcus Neuroinstitute, Quest for Nursing Knowledge, presented: Med/Surg Certification Preparation and Progressive Care Nursing Certification Preparation.

Kari L. Schmidt, MS, RN-BC, ACC, CEO/Trainer of Training for Impact, Association for Nursing Professional Development, presented: Nursing Professional Development Certification.

Lisa M. Soltis, MSN, APRN, PCCN, CCRN-CSC, CCNS, FCCM, Clinical Nurse Specialist, Med-Ed, presented: Cardiac Vascular Certification Preparation.

Jim Veronesi, MSN, RN, NEA-BA, CHE, Director of the Advisory Board Academies, Advisory Board, Washington, D.C., presented: Managing Diversity and Leading Change.

Nursing Podium Presentations Fiscal Year 2017

Asplin, L. (2017, March). *Revolutionary changes in surgery*. Presented at Stearns History Museum, St. Cloud, MN.

Basol, R., & Hilleren-Listerud, A. (2016, August 8). How to develop, implement, and evaluate a professional practice model. [Webinar]. In *National Nursing Practice Network Lunch-n-Learn Series*. Retrieved from <http://www.nnpnetwork.org/staff-nurses/latest-news/newsitem?nid=116>.

Berndt, J. (2016, November). *Engaging students in critical thinking: Teaching with technology*. Presented at American Association of Colleges of Nursing's 2016 Faculty Development Conference, Anaheim, CA.

Berndt, J. (2016, December). *Engaging students in critical thinking: Teaching with technology*. [Webinar]. In *American Association of Colleges of Nursing Webinar Series*. Retrieved from http://www.aacnnursing.org/Professional-Development/Conference-Info/sessionaltcd/WFR16_12_08.

Bieniek, C. (2017, May). *Family birthing center: Home care mom baby program*. Presented at Quality Leadership Academy, St. Cloud, MN.

Blonigen, M. (2016, October; 2017, February & May). *Intermediate fetal monitoring*. Presented at Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), St. Cloud, MN.

Dinndorf-Hogenson, G. (2017, April). *Moral courage in perioperative nurses*. Presented at Association of Perioperative Registered Nurses (AORN) Global Conference & Expo, Boston, MA.

Dumonceaux, P., & Erickson, M. (2017, February). *Surgical site infection reduction* [Webinar]. In *Minnesota Hospital Association HAI Peer Learning Network*. Retrieved from <http://www.mnhospitals.org>.

Dumonceaux, P., & Erickson, M. (2017, April). *Reduction of surgical site infections*. Presented at Perioperative Care Conference, St. Cloud, MN.

Erickson, M. (2016, August). *Category II tracing management*. Presented at Minnesota Hospital Association Perinatal Safety Conference, Plymouth, MN.

Fitch, A. (2016, October). *Oh no, the baby is coming*. Presented at Trauma Tactics. St. Cloud, MN.

Fradette, M. (2016, October). *Sepsis core measures*. Presented at Nursing Research Brown Bag, St. Cloud, MN.

Fradette, M. (2016, November). *Surgical symphony*. Presented at Acute Respiratory Distress Syndrome, St. Cloud, MN.

Fradette, M. (2017, May). *Nursing leaders of the future: Charge nurse orientation and leadership development*. Presented at American Association of Critical Care Nurses, National Teaching Institute, Houston, TX.

Fradette, M. (2017, May). *Medical emergencies: Sepsis in the oncology patients*. Presented at CentraCare Oncology Nursing Conference.

Freese, M. (2017, June). *Applying lean principles to improve thrombolytic times*. Presented at 2017 Minnesota Stroke and Cardiac Emergencies Conference, Bloomington, MN.

Freese, M. (2017, June). *What's the big deal about neuro and vital signs after IV alteplase?* Presented at 2017 Minnesota Stroke and Cardiac Emergencies Conference, Bloomington, MN.

Honkomp, B., & Kurt Otto. (2016, October). *Lessons learned from a traumatic event*. Presented at the Society of Hospital Medicine, Maple Grove, MN.

Jahn, T. (2017, May). *Quality and quantity of patient sleep in the hospital: Perceptions and measures*. Presented at University of Minnesota Nursing Research Day, Minneapolis, MN.

Kastanek, R., & Summar, A. (2017, May). *Patient story: A multi-disciplinary panel*. Presented at Neurosciences Spring Stroke Education, St. Cloud, MN.

Libbesmeier, J. (2017, April). *Serious illness care program in primary care*. Presented at Sigma Theta Tau International, St. Cloud, MN.

Mahon, K. (2016, October). *Integrative therapies strategies in perioperative care*. Presented at AORN Super Saturday Credit: Conquering Pain Locally, Regionally, and Nationally, St. Cloud, MN.

Mahon, K. (2016, December). *Mindfulness: physician heal thyself*. Presented at Bounce Back's Moving from Surviving to Thriving Conference, Minneapolis, MN.

Nelson, K. & Paul Harris. (2016, October). *Lessons learned from a traumatic event*. Presented at Minnesota Alliance for Patient Safety Conference, Brooklyn Park, MN.

Plamann, J. (2017, May). *Readmissions prediction*. Presented at Society of Hospital Medicine Conference, Minneapolis, MN.

Plamann, J., Honkomp, B., & Matthias, M. (2016, November). *Lessons learned from a traumatic event*. Presented to Vizient Clinical Improvement Network Leaders, Chicago, IL.

Reischl, S. (2016, October). *From the start, child maltreatment, rhythm disturbances*. Presented at Emergency Nurse Pediatric Course, St. Cloud, MN.

Reischl, S. (2016, November). *ETC/ICU registered nurse*. Presented to Sartell Health Careers, Sartell, MN.

Reischl, S. (2016, November). *Initial assessment, pain, musculoskeletal, transitions, special populations: Pediatric*. Presented at Trauma Nursing Core Course, St. Cloud, MN.

Reischl, S. (2016, November). *Initial assessment, pediatric trauma, musculoskeletal, psychosocial aspects of trauma*. Presented at Trauma Nursing Core Course, St. Cloud, MN.

Revier, S. (2017, April). *Implementation of a serious illness communication program using a systematic approach to facilitate conversations about patient goals & values*. Presented at Minnesota Network of Hospice & Palliative Care Annual Conference, Bloomington, MN.

Revier, S. (2017, April). *Palliative care: The bridge*. Presented at MN LPN Association, St. Cloud, MN.

Revier, S. (2017, May). *Palliative care: The bridge*. Presented at Academy of Medical/Surgical Nurses, St. Cloud, MN.

Salzer, J. (2017, March). *Sleep disturbance*. Presented at Sartell Senior Connection, Sartell, MN.

Schoenberg, P. (2017, June). *Burden of proof: Managing data and measuring what counts* [Panelist]. Conference of the Midwest Healthcare Legal Partnership Learning Collaborative, St. Paul, MN.

Schoenberg, P. (2017, June). *System exemplar* [Panelist]. Conference of the Midwest Health Legal Partnership Learning Collaborative, St. Paul, MN.

Schoenberg, P. (2017, June). *Funding and sustaining your healthcare legal partnership* [Panelist]. Conference of the Midwest Healthcare Legal Partnership Learning Collaborative, St. Paul, MN.

Sowada, K. (2016, October). *Harvesting holistic healing: Integrative care for the orthopedic patient*. Presented at Harvest the Fruits of Orthopedic Care Conference, St. Cloud, MN.

Sowada, K. (2017, February). *Music heals: therapeutic music to ease pain & anxiety*. Presented at 19th Annual Cardiology Seminar, St. Cloud, MN.

Sowada, K. (2017, April). *Therapeutic music to ease pain & anxiety*. Presented at Integrative Nursing Conference, St. Cloud, MN.

Summar, A. (2017, April). *It's all in your head: Conversation disorder & implications for clinicians*. Presented at 18th Annual Neuroscience Conference, St. Cloud, MN.

Swanson, J. (2016, November). *Therapeutic plasma exchange*. Presented at St. Cloud Hospital's Lunch and Learn Series, St. Cloud, MN.

Swendra-Henry, B. (2017, April). *Central line and vascular access*. Presented to Regional Educators, CCH – Melrose, Melrose, MN.

Tollefson, B. (2016, October). *A user's guide to integrating mindfulness in undergraduate nursing education*. Presented at American Psychiatric Nurse Association (APNA) Annual Conference, Hartford, CT.

Tompsonski, K. (2016, October). *Is coughing & deep breathing as effective as incentive spirometry in postoperative patients?* Presented at Harvest the Fruits of Orthopedic Care Conference, St. Cloud, MN.

Walz, D. (2016, October). *Performance improvement dashboard for governance alignment.* Presented to National Renal Administrators Association, St. Cloud, MN.

Nursing Poster Presentations Fiscal Year 2017

Chalich, K. (2017, April). *Quality and quantity of patient sleep in the hospital: Perceptions and measures.* Poster session presented at 24th National Evidence-Based Practice Conference, Coralville, IA.

Czech, J. (2017, April). *How to use best evidence to improve nursing skills caring for culturally diverse patients.* Poster session presented at 24th National Evidence-Based Practice Conference, Coralville, IA.

Dumonceaux, P. (2016, September). *Reduction in cesarean section surgical site infections: Implementation of evidence-based practice.* Poster session presented at the Association for Professionals in Infection Control and Epidemiology of Minnesota (APIC MN), Brooklyn Park, MN.

Dumonceaux, P., & Erickson, M. (2017, March). *Reduction in cesarean section surgical site infections: Implementation of evidence-based practice.* Poster session presented at American Nurses Association (ANA), Tampa Bay, FL.

Erickson, M. (2017, June). *Reducing surgical site infections in cesarean patients.* Poster session presented at Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) National, New Orleans, LA.

Erickson, M., Patterson, K., & Bieniek, C. (2016, October). *Applying evidence and innovation across the continuum to reduce 30-day readmissions for newborns with hyperbilirubinemia.* Poster session presented at ANCC National Magnet® Conference, Orlando, FL.

Fradette, M. (2017, May). *Quality leadership academy: CAUTI reduction project.* Poster session presented at 24th National Evidence-Based Practice Conference, Coralville, IA.

Fradette, M. (2017, May). *Journey to zero CLABSI.* Poster session presented at American Association of Critical Care Nurses (AACN) National Teaching Institute, Houston, TX.



**MELISSA FRADETTE,
MSN, RN, CCRN**

Friebe, J. (2017, February). *The benefits of breastfeeding.* Poster session presented at College of St. Benedict and St. John's University, St. Joseph, MN.

Gorecki, A., & Schuster, K. (2017, May). *Reduction of cesarean section surgical site infections (SSI): Progression and implementation of evidence-based practice.* Poster session presented at Wound Ostomy and Continence Nurses Society 49th Annual Conference, Salt Lake City, UT.

Hillaren-Listerud, A. (2017, April). *The effect of complex change on staff.* Poster presented at American Case Management Association, Washington, D.C.

Hillaren-Listerud, A. (2017, April). *To centralize or not to centralize.* Poster presented at American Case Management Association, Washington, D.C.

Hillaren-Listerud, A. (2017, April). *Turn noise into music: How to use data to drive proactive identification and assessment of high risk patients.* Poster presented at American Case Management Association, Washington, D.C.

Hitzler, A. (2017, May). *Delirium prevention in telemetry.* Poster session presented at National Training Institute (NTI), Houston, TX.

Hoppe, J., Mackedanz-Johnson, J., Jahn, T., Wilson, C., Blais, H., Clintsman, V., Hitzler, A., Annette, L., & Benoit, S. (2017, May). *Implementation of delirium screening and prevention strategies in a telemetry unit*. Poster session presented at National Teaching Institute, Houston, TX.

Nordmann, J. (2016, November). *Sudden unexplained postnatal collapse*. Poster session presented at Family Birthing Center Advisory Board, St. Cloud, MN.

Roering, L. (2017, February). *Reduced cost and decreased length of stay associated with acute ischemic stroke care provided by nurse practitioners: A single primary stroke center experience*. Poster session presented at American Heart Association/American Stroke Association International Stroke Conference, Houston, TX.

Sowada, K. (2017, April). *Music heals: therapeutic music to reduce pain and anxiety in adult ICU patients*. Poster session presented at 24th National Evidence-Based Practice Conference, Coralville, IA.

Tompsonski, K. (2016, September). *Is coughing and deep breathing as effective as incentive spirometry in postoperative patients?* Poster session presented at Academy of Medical-Surgical Nurses Annual Convention, Washington, D.C.

Nursing Publications Fiscal Year 2017

Basol, R., Larsen, R., Simones, J., & Wilson, R. (2017). Evidence into practice: Hospital and academic partnership demonstrating exemplary professional practice in EBP. *Journal of PeriAnesthesia Nursing*, 32(1), 68-71. doi:10.1016/j.jopan.2016.11.002.

Defillo, A., Fareed, M., Suri, K., Shah Miran, M., Shea, K., **Peterson, M., Roering, L.R., & Kennedy, J.** (2016) Microangiopathic occlusion of a perforating preopontine long circumferential artery presenting with lower motor neuron facial weakness: Clinical and radiological correlation. *Journal of Neurology & Stroke*, 5(1), 00166. Doi:10.1546/jnsk.2016.00166.

Defillo, A., Fareed, M., Suri, K., Shah Miran, M., Shea, K., **Freese, M., Peterson, M., Roering, L.R., & Kennedy, J.** (2016). Severe stenosis of internal carotid artery is associated with higher neutrophil-lymphocyte ratio: A concept of cerebrovascular stress, presented at ANA 141st Annual Meeting, Baltimore, MD. American Neurological Association.

Erickson, M., & Dumonceaux, P. (2017). Reduction of Surgical Site Infections After Cesarean. *JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing*, 46S38. doi:10.1016/j.jogn.2017.04.102.

Gorecki, A., Schuster, K., Dumonceaux, P., & Erickson, M. (2017). Reduction of cesarean section surgical site infections: Progression and implementation of evidence-based practice. *Journal of Wound, Ostomy & Continence Nursing*, 44S7. doi:10.1097/WON.0000000000000331.

Hoover, C., Upcraft, C., Plamann, J., & Oman, J. (2017). COPD management and role of the nurse coach: Increasing referrals and participation in pulmonary rehabilitation. *American Journal of Respiratory and Critical Care Medicine* 195:A4265.

Leander, S.A., & Walz, D.F. (2017). Public policy and the legislative process. In S.M. Bodin (Ed.), *Contemporary nephrology nursing* (953-966). Pitman, NJ: American Nephrology Nurses' Association.

Ohman, K. (2017). *Davis's Q&A Review for NCLEX-RN* (2nd ed.). Philadelphia: F. A Davis Co.

Linda Chmielewski Scholarship Award

The Linda Chmielewski Scholarship is awarded to a St. Cloud Hospital registered nurse enrolled in a bachelor's degree nursing program. Linda Chmielewski was vice president of Operations and chief nursing officer of St. Cloud Hospital from 1994 to December 2015. Shelly Kuhlmann, RN, Endoscopy Unit, was the 2017 recipient of this prestigious award. Shelly is completing a bachelor degree in nursing from Bemidji State University. Shelly received this award for her compassion, clinical expertise and strong work ethic. Her degree progression supports the development of leadership skills to positively impact patient care for the gastroenterology patient population she serves.

SHELLY KUHLMANN, RN

Nursing Education Needs Assessment

In January 2017, the St. Cloud Hospital Nursing Education Needs Assessment results showed the need for a variety of topics and learning methods. As organization and department-specific education is planned, topics are focused on the top three education needs for each level of nursing in all St. Cloud Hospital settings. A variety of educational opportunities pertaining to the following topics have been planned for 2017 and 2018.

Assessment of Education Needs		
	Inpatient Setting:	Outpatient Setting:
Overall Nursing Learners	<ol style="list-style-type: none"> 1. Code Blue 2. Sepsis 3. De-escalating an Aggressive Patient 	<ol style="list-style-type: none"> 1. Code Blue 2. Health & Wellness 3. Evidence-Based Practice (EBP)
Chief Nursing Officer	<ol style="list-style-type: none"> 1. Cultural Competency 2. Community Health Initiatives 3. Diversity of Patients Served 	
Nursing Leaders	<ol style="list-style-type: none"> 1. Magnet Designation 2. Healthcare Reform/Value-Based Purchasing 3. Communication with Health Care Team 	<ol style="list-style-type: none"> 1. Patient Satisfaction 2. Handoff Communication 3. Triple Aim + People
Nursing Directors/ Managers	<ol style="list-style-type: none"> 1. Leadership Development 2. Triple Aim + People 3. Evidence-Based Practice 	<ol style="list-style-type: none"> 1. Patient Satisfaction 2. Leadership Development 3. Triple Aim + People
Educators	<ol style="list-style-type: none"> 1. Leadership Development 2. Communication with Patients 3. Prevention of Hospital-Acquired Conditions (e.g., CLABSI and CAUTI) 	<ol style="list-style-type: none"> 1. Psychological/Spiritual Needs 2. De-escalating an Aggressive Patient 3. Cultural Competency
APRNs	<ol style="list-style-type: none"> 1. Medications 2. Leadership Development 3. Care Management/Care Across the Continuum/Discharge Planning 	<ol style="list-style-type: none"> 1. Evidence-Based Practice 2. Adverse Childhood Events (ACE) and the long-term influence on adult health 3. Pain Assessment and Management
Clinical Nurses	<ol style="list-style-type: none"> 1. Code Blue 2. Sepsis 3. De-escalating an Aggressive Patient 	<ol style="list-style-type: none"> 1. Code Blue 2. Health & Wellness 3. Evidence-Based Practice (EBP)

2017 St. Cloud Hospital Awards

Heath Grades: Overall Hospital Award from 2014-2017

Thomson Reuters: Top 100 Heart Hospital (2017)

Truven Health Analytics: Top 100 Hospital – 10th award

Becker's Hospital Review: 2017 list of 100 Great Hospitals in America

American Heart Association/American Stroke Association's (AHA/ASA) Get With The Guidelines® Resuscitation Gold Adult Patient Population and Silver Neonate Patient Population 2017 Achievement Awards

American Heart Association/American Stroke Association's (AHA/ASA) 2017 Mission: Lifeline® STEMI Gold Receiving Center Level Recognition Award

MHA CHAIN Award for Excellence

St. Cloud Hospital's catheter-associated urinary tract infection (CAUTI) Quality Leadership Academy (QLA) on Sept. 28, 2016 earned the inaugural *MHA CHAIN Award for Excellence in Infection Prevention*, presented by the Collaborative Healthcare-Associated Infection Network (CHAIN). The award commends health care teams working hard on the infection prevention and antibiotic stewardship efforts to build a safer overall health care environment. A collaborative, multidisciplinary team comprised of leaders, physicians, nursing, patient safety experts, affected department stakeholders and patients were members of the CAUTI QLA.



PRISM Award

Medical Unit I at St. Cloud Hospital was one of seven hospital medical-surgical units honored with the 2016 AMSN PRISM Award® recognizing exceptional nursing practice, leadership and outcomes. The award, which stands for "Premier Recognition in the Specialty of Med-Surg," is the first of its kind honoring med-surg nursing units in the United States. The Academy of Medical-Surgical Nurses and the Medical-Surgical Nursing Certification Board co-sponsors the award which celebrates units that exhibit effective leadership, recruitment and retention of competent staff members, evidence-based practice, positive patient outcomes, a health work environment and lifelong learning of unit staff members. It is also a reflection of the compassion, commitment and connection that characterize med-surg nurses.

DAISY Award Winner for 2017

The DAISY Award was established in 2000 by the Barnes Family to recognize nursing clinical skills, leadership and compassionate patient care as a means of honoring their son, Patrick, who died at the age of 33 from idiopathic thrombocytopenia purpura (ITP). The DAISY Award was created to express the profound gratitude of the Barnes Family for the care nurses provide to patients and family every day.

During May 2017 Nurses Week commemoration, St. Cloud Hospital celebrated the annual DAISY Award recognizing the nominees and the DAISY Award winners. St. Cloud Hospital established the nomination and selection criteria in alignment with organizational core values, and nurses who exemplify these values are nominated by patients, families, peers, physicians and co-workers. DAISY Award winners receive a unique, hand carved, "Healer's Touch" statue, created by artisans from Zimbabwe that represents nursing's meaningful work.

2017 DAISY Award Winners

Corrine Dawson, BSN, RN (Adult Mental Health)

Tanya Glenz, BSN, RN (CCU)

Becky Kastanek, DNP, APRN, FNP-BC, CRRN
(Inpatient Rehab)

Tom Larson, RN (Clara's House)

Melissa Leininger, BSN, RN (Neuroscience/Spine Unit)

Brittany Myers, BSN, RN, OCN (Medical & Oncology Unit)

Jared Nordstrom, BSN, RN, CEN (ETC)

Dana Olson, BSN, RN, OCN (Radiation Oncology)

Ann Rudnicki, BSN, RN, CHFNP (LVAD)

Tabetha Skaj, BSN, RN (Transitional Care/Palliative Care)

Anna Torborg, BSN, RN (Med I)

Amanda Trautner, BSN, RNC-OB (FBC)

Tony Wheeler, BSN, RN (Bone & Joint Center)



**JARED NORDSTROM,
BSN, RN, CEN, DAISY WINNER
of the Cherokee Scholarship**

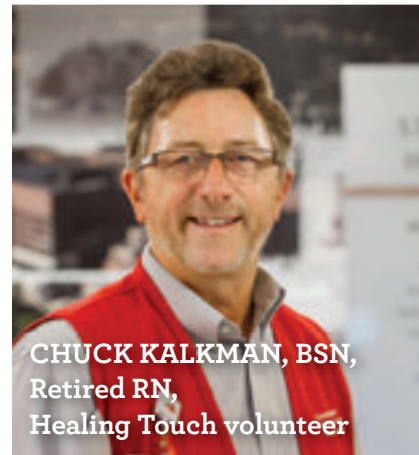


Giving Back to Nursing

Kathryn Schultz, BSN, retired RN, says the advice she would share with new nurses is to remain open to change and the ethical considerations that come with change. "St. Cloud Hospital is where I found an organization committed to excellence and compassionate care, as the founding Benedictines were. Nursing has allowed me the opportunity to use my education in a variety of settings, to find satisfaction in helping patients, to work with dedicated, caring professionals from many disciplines, to use the ever-changing technologies in health care and to support students preparing for the future."



KATHRYN SCHULTZ, BSN,
Retired RN



CHUCK KALKMAN, BSN,
Retired RN,
Healing Touch volunteer

Chuck Kalkman, BSN, RN, worked as a psychiatric nurse for over 35 years at St. Cloud Hospital and the St. Cloud VA Medical Center. After retiring, he completed HealingTouch education to become a volunteer in St. Cloud Hospital's HealingTouch Volunteer Program. Chuck says, "This kind of work is good for the patients, good for the hospital and good for me personally. It's a triple win and a way to give back."

If you are interested in becoming a HealingTouch volunteer, please contact Annie Brenner, HealingTouch associate, at 320-251-2700, ext. 51554 or brennera@centracare.com.

Nursing Membership on National Offices

American Association of Critical Care Nurses (AACN)

- Melissa Fradette, MSN, RN, CCRN, is a member of the AACN Beacon Award Review Panel August 2016–July 2018.
- Rachel Appel, BSN, RN, CCRN, was a member of the AACN National Training Institute (NTI) Program Planning Committee June 2016–May 2017.
- Teresa Jahn APRN, CCRN, CCNS, has been appointed to serve a three-year term on AACN's Certification Corporation Board of Directors beginning July 1, 2016.

American Nephrology Nurses Association (ANNA)

- David Walz, MBA, BSN, RN, CNN, FACHE, was elected National Treasurer April 2017-March 2019.

Association of periOperative Registered Nurses (AORN)

- Larry Asplin, MSN, RN, CNOR, was elected to the AORN Foundation Board of Trustees (BOT) 2013-2016; reappointed 2016-2019; elected Treasurer of the AORN Foundation BOT in 2015; reappointed in 2016-2017-2020. Larry is also a representative for AORN on The Joint Commission's Hospital Professional and Technical Advisory Committee, an AORN Presidential appointment 2014-2019.

National Certification Organization (NCC)

- Jeanne Friebe, BSN, RNC-LRN, IBCLC, was appointed to be a content writer for the LRN (Low Risk Newborn) exam in June 2016.

St. Cloud Hospital finalists for the 2016 March of Dimes Nurse of the Year Awards

Roland Brummer, MA, RN, OCN
Melissa Erickson, MSN Ed., RNC-MNN, PHN
Ashley Foy, BSN, RN-NIC
Brenda Haller, BSN, RN, CMSRN
Mackenzie Hauer, MSN, RN, CMSRN
Amy Hilleren-Listerud, DNP, APRN, ACNS-BC
Mary Leyk, MSN, RN, RN-BC, ONC
Melanie Odden, BSN, RNC-NIC
Nova Schmitz, BSN, RN, CMSRN, CBN, PHN
Katie Schulz, MSN, RN-BC, OCN
Kathleen Sowada, MSAOM, MSN, RN, LAc, HN-BC, CHTP
Bridgette Worlie, MSN, RN, RN-BC

March of Dimes Category Award Winners:

Education and Research

Katie Schulz (Medical Unit 1)

Innovation and Non-Traditional Nursing

Amy Hilleren-Listerud (Transitions of Care)

Distinguished Nurse of the Year

Nova Schmitz (Acute Care/Med Surg/
Surgical Care Unit)

Neonatal

Melanie Odden (NICU)

Rising Star

Brenda Haller (Surgical Care)



The Magnet Steering Committee

Jennifer Burris, APRN, ACNS-BC
Beth Honkomp, MSN, MBA, RN, NEA-BC
Stacy Kuechle, BSN, RN, RNC-NIC
Joy Plamann, DNP, MBA, RN, BC
Vickie Ruegemer, BS
Barb Scheiber, BSN, RN, NE-BC
Sherry Sonsalla, MSN, RN, RN-BC
Darla Stellmach
Jane Vortherms, MHA, BAN, RN, OCN
Roxanne Wilson, PhD, RN

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Lora Gullette, MSN, RN
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